

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/28/2022

Need Date: 04/04/2022

PROCESSING DEPARTMENT:

Department: HSA - Contracts
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Kimberly McAdams, Acting CFO
Digitally signed by Kimberly McAdams, Acting CFO
Date: 2022.03.25 16:20:14 -07'00'
Kimberly McAdams
Acting Agency Chief Fiscal Officer

CONTRACTOR:

Name: New Morning Youth & Family Services
Address: 6765 Green Valley Road
Placerville, CA 95667
Phone: _____
Org Code: 5310100 & 5310150
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Agreement for Services
Description: Specialty Mental Health Services
Contract Term: 07/01/21-06/30/24 (no change) Contract Value: \$1,107,512 (no change)

COUNTY COUNSEL: (must approve all contracts and MOU's)

Approved: Disapproved: Date: 03/28/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022/03/28 17:29:22 -07'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Sera Salmanyani
Digitally signed by Sera Salmanyani
Date: 2022.05.23 11:57:54 -07'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 05/20/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022/05/20 17:17:08 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____